



Helping Hand Counseling and Consulting Services

2831 Avenue S. Riviera Beach, Fl 33404
(561) 684-7000: Fax (561) 684-4832

INFORMED CONSENT FOR ASSESSMENT AND TREATMENT

The above name individual has been referred for services through the *Helping Hand*. Before treatment is provided, we must conduct an assessment to determine eligibility and plan for treatment, which best meets the needs of the client.

A qualified clinician will conduct the assessment. Evaluations tools will be carefully selected based on clients' needs. Information about client and/or family member may be requested in order to provide needed treatment services and support.

By signing this form, I _____, voluntarily grant permission for *Helping Hand* to conduct an assessment, and possible follow-up treatment. I acknowledge that my rights have been explained; the limits of confidentiality and the grievance policy have also been explained.

I hereby give my permission to bill my health care insurance carrier, Medicaid, or other designated health benefits payor. I understand it may be necessary to release certain clinical information in order to secure such payment.

Signature of Client

Date

Signature of Parent/Guardian

Date

Witness Signature

Date